

don't give a damn where you send your son, but mine isn't going to any vocational school...."

Dr. Clark graduated from George Washington High School in New York City and then enrolled at Howard University, where Ralph J. Bunche, a political science professor and later a Nobel Peace Prize winner, became a mentor. He received his undergraduate degree in psychology from Howard in 1935 and his master's degree in the same discipline from there the following year. He taught psychology at Howard in the 1937-38 school year.

In 1940, he became the first black person to receive a doctorate in psychology from Columbia University. Years later, while teaching at Columbia, he would mediate between students who had taken over a campus building and administrators trying to oust them.

From 1939 to 1941, Dr. Clark participated in a study of U.S. race relations headed by the Swedish economist Gunnar Myrdal. The results of the study were published in the book "An American Dilemma: The Negro Problem and Modern Democracy" (1944), a milestone in the nation's gathering awareness of the corrosive effects of racial prejudice.

Dr. Clark was an assistant professor of psychiatry at the Hampton (Va.) Institute in 1940-41, and he joined the psychology department at the City College of New York in 1942.

In 1946, Dr. Clark and his wife founded the nonprofit Northside Testing and Consultation Center in New York City to provide psychological services to Harlem residents. He later accused the New York City school system of allowing de facto segregation in some of its schools. Although school officials denied his charges, an investigation confirmed them and led to major reforms.

In 1960, Dr. Clark became the first black tenured professor at City College, and in 1966 the first black person to be elected to the New York state Board of Regents, where he served for 20 years.

In the early 1970s, the District of Columbia school board hired Dr. Clark as a consultant to revamp the schools. He submitted a comprehensive plan to focus on reading, mathematics and the measurement of teacher skills through student achievement. The "Clark plan" sparked controversy between the school board and the teachers union, and Dr. Clark cut his ties with the District after two years, with only pieces of his plan implemented.

He left with a rebuke of Superintendent Hugh Scott. "I'm glad the superintendent laughs at critics," he told The Washington Post in April 1972. "I'm glad he can laugh at anything. I can't laugh at the fact that these kids are no better off now than two years ago."

Dr. Clark retired from teaching in 1975 and formed a consulting firm that specialized in equal employment opportunity and affirmative action. He was the author of numerous books, including "Prejudice and Your Child" (1955), "Dark Ghetto" (1965), "A Possible Reality" (1972) and "Pathos of Power" (1975).

Dr. Clark's wife, his closest colleague, died in 1983.

Always one to speak his mind, Dr. Clark continued to express his support for integration, although as the years passed he began to express dismay at the lack of progress in race relations.

"I believed in the 1950s that a significant percentage of Americans were looking for a way out of the morass of segregation," he told the New York Times in 1984. "It was wishful thinking. It took me 10 to 15 years to realize that I seriously underestimated the depth and complexity of Northern racism."

Once described by a colleague as "the incorrigible integrationist," he lamented in

later years that perhaps he had devoted himself to a lost cause. He felt that many old allies in the battle for an integrated, nonracist society, both black and white, had abandoned the struggle. He also lived long enough to witness an evolving uncertainty about *Brown v. Board of Education* and the unrealized benefits of school integration.

"I look back and I shudder and say, 'Oh God, you really were as naive as some people said you were,'" he told The Post in 1990. "My life has been a series of glorious defeats."

Survivors include a daughter, Kate C. Harris of Lausanne, Switzerland, and Osprey, Fla.; a son, Hilton B. Clark of New York City; three grandchildren; and five great-grandchildren.

HEALTH INSURANCE CRISIS

SPEECH OF

HON. JAMES R. LANGEVIN

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 3, 2005

Mr. LANGEVIN. Mr. Speaker, I rise to acknowledge "Cover the Uninsured Week." Many of us have heard from our constituents this week, asking that we make health insurance coverage a top priority in the 109th Congress. America's families are living in fear that someone they love might develop a health problem they can't afford. We must begin a meaningful dialogue about this problem that will continue until every American has access to quality, affordable health insurance.

This national disgrace has reached crisis proportions. Forty-five million Americans—more than 8 million of whom are children, and more than 80 percent of whom live in working families—are one ambulance trip away from financial devastation.

I was pleased to join Leader PELOSI and other Democrats in cosponsoring three bills introduced this week as part of the Democrats' plan to build on programs that already work. Together, the Family Care Act, the Medicare Early Access Act and the Small Business Health Insurance Promotion Act would cover over half of all uninsured Americans. I have also been proud to be a part of other initiatives, both nationally and in my home state of Rhode Island to preserve and expand existing health insurance programs for retirees, children with disabilities, and adults attempting to return to the workforce. These are all important aspects to addressing the health care crisis, and I am honored to be part of building momentum around a solution.

Our small business owners know we are in a crisis. Rising health care costs are undermining their ability to purchase coverage for their employees. They are frustrated with the increasing burden of negotiating and administering health care plans, and they are taking on extra costs or passing them on to employees just to maintain level coverage. Without systemic change, these problems will continue to threaten the health security of all Americans.

What frustrates me most about the health insurance crisis is what little attention it receives. But I believe that with the proper amount of consideration and planning, the health care system in America can be saved. An enormous amount of money circulates through our health care system—we spend

\$35 billion on uncompensated care for individuals who don't have health insurance, with federal, state and local governments covering as much as 85 percent. Wouldn't it be better for American families, and also more cost effective, to transfer a large share of these funds to a new program to subsidize the cost of covering the uninsured? We spend millions treating illnesses diagnosed at later stages, thus requiring more costly treatments, because we didn't offer people the screenings to catch these problems earlier. This is the least efficient way possible to treat people. While we may not be in the best of economic times, if we made this issue a priority and committed ourselves to spending our health care dollars more wisely, we could offer all Americans access to quality, affordable care.

With these principles of efficiency and inclusion in mind, I have developed a model for universal health insurance. Introduced last year as the American Health Benefits Plan. This bill is modeled after the Federal Employees Health Benefits Program—which everyone in this chamber is familiar with, as it offers coverage to Members of Congress, their families and staffs.

Under my proposal, private companies will compete to offer health insurance, attracting enrollees on the basis of benefits as well as efficiency, service, and lower premiums. The government should make a substantial contribution to every American's premium, and for those for whom paying a portion of the premium would be a hardship, the government should offer subsidies—as we currently do under Medicaid. Employers should continue to contribute to the health care system, and they can do so through a payroll tax, which would fund the government contribution—but the burden of negotiating and administering health care plans should be taken on by the government.

A national template for this model already exists. FEHBP manages health insurance for more than 8 million federal employees, annuitants and dependents. This program is administered by the Office of Personnel Management, which assumes responsibility for approving or disapproving carriers, negotiating benefit and rate changes, and auditing carriers' operations under the law. With administrative costs of less than 1 percent, OPM has managed to offer a wide variety of health care choices and protections to federal employees.

Mr. Speaker, I believe that the federal government should offer this kind of coverage and oversight to all Americans. I sincerely hope to continue this dialogue with my colleagues, beyond "Cover the Uninsured Week," but this is an important place to start.

IN SPECIAL RECOGNITION OF
JOHN D. MOONSHOWER ON HIS
APPOINTMENT TO ATTEND THE
UNITED STATES MILITARY
ACADEMY AT WEST POINT

HON. PAUL E. GILLMOR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 5, 2005

Mr. GILLMOR. Mr. Speaker, it is my great pleasure to pay special tribute to an outstanding young man from Ohio's Fifth Congressional District. I am happy to announce